

Secretary of State Statement and Designation by **Foreign Corporation**

4688086

State of California

FEB 0 3 -2021

Filing Fee - \$100.00 (for a foreign stock corporation) or \$30.00 (for a foreign nonprofit corporation)

Copy Fees - First page \$1.00; each attachment page \$0.50;

IMPORTANT — Read Instructions before completing this form.

Must be submitted with a current Certificate of Good Standing issued by

the government agency where the corporation was formed. See Instructions.

Certification Fee - \$5.00

Note: Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to ftb.ca.gov.

This Space For Office Use Only

1. Corporate Name (Go to www.sos.ca.gov/business/be/name-reservations for general corporate name requirements and restrictions.)

Jurisdiction (State, foreign country or place where this corporation is formed - must match the Certificate of Good Standing provided.)

| Anthropic, PBC Which Will Do Business in California as Anthropic, Inc. | [| Delaware |
|--|---|----------|
| | | |

S&DC-S/N

3. Business Addresses (Enter the complete business addresses, Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

| a. Initial Street Address of Principal Executive Office - Do not enter a P.O. Box | City (no abbreviations) | State | Zip Code |
|---|-------------------------|-------|----------|
| 12 Calumet Avenue | San Anselmo | CA | 94960 |
| b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box | City (no abbreviations) | State | Zip Code |
| 12 Calumet Avenue | San Anselmo | CA | 94960 |
| c. Mailing Address of Principal Executive Office, if different than item 3a | City (no abbreviations) | State | Zip Code |
| | | | |

4. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full name and California street address.

| a. California Agent's First Name (if agent is not a corporation) | Middle Name | Last Name | | | Suffix |
|---|-------------------------|-----------|-------|----------|--------|
| Dario | | Amodei | | | |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box | City (no abbreviations) | <u> </u> | State | Zip Code | |
| 12 Calumet Avenue | San Anselmo | | CA | 94960 | |

CORPORATION - Complete Item 4c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 4a or 4b

5. Read and Sign Below (See instructions. Office or title not required.)

I am a corporate officer and am authorized to sign on behalf of the foreign corporation.

rus amolio

Dario Amodei

Type or Print Name

Signature



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ANTHROPIC, PBC" IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRD DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANTHROPIC, PBC"

WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

4860621 8300 SR# 20210322698 Authentication: 202435112

Date: 02-03-21